11/30/07

TRANSMITTAL FORM

Patent Number 6,923,955 (Confirm. No. 8705)

Issue Date August 2, 2005

First Named Inventor Jonathan Till

Art Unit 1615

Examiner Name Azpuru, Carlos A

Attorney Docket Number 027004-000120US

(to be used for all correspondence after initial filing)

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Applica	ition			
	Reply to Missing Parts under 37 CFR 1.52 or 1.53			
	SIGNA	ATURE OF APPLICANT, A	TTORNEY,	OR AGENT
Firm Name	Townsend and Town	nsend and Crew LLP		
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Printed name	John P. McGroarty			
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: Practitioners associated with the Customer Number:	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO							
Practitioners associated with the Customer Number: 20350			attorney given	in the a	ppli	cation identified in the at	tached staten	nent under
Practitioner(s) named below (if more than ten patent practitioners are to be named: then a customer number must be used): Name							!	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X Practil	tioners associated with the Custome	er Number:	20350				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: OR Firm or Individual Name Address Gity State Zip Country Telephone Email Assignee Name and Address; Ericore Healtin, LLC 2840 Hershberger Road, Suite A Roanoke, VA 24017 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.								
as siturney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTC) in connection with any and all patent applications assigned gnly to the undersigned according to the USPTC assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email Assignee Name and Address: Encore Healtin, LLC 2840 Hershberger Road, Suite A Roanoke, VA 24017 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.	Practi	tioner(s) named below (if more than	ten patent practit	ioners are	to be	named then a customer num	iber must be use	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Variety Varie		Name		regionation [358]				
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Assignee Name and Address: Encore Health, LLC 2840 Hershberger Road, Suite A Roanoke, VA 24017 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.		or						
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SIGNATIRE of Assignee of Record	the practit	loners annointed in this form	If the appointe	id practit	ione	er is authorized to act on	behalf of the	assignee,
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee			SIGNATIIRE	of Assim	nee :	of Record	f the assignee	
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Name Evelyn G. Blake Telephone 5 40 774 608 U		mature Telephone 5 1/0 2/2 / o				74 6081		
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This collection of information is required by 37 CFR 1.31, 1 32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes by the USPTO. To process an application confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes by the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (11-07) Approved for use through 11/30/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Jonathan S. Till
Application No./Patent No.: 6,923,955 Filed/Issue Date: August 2, 2005
Entitled: PRESBYOPIA TREATMENT BY LENS ALTERATION
Newlens, LLC , a LLC (Name of Assignee) , a LLC (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interest; or
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is %)
in the patent application/patent identified above by virtue of either:
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:
From: Jonathan S. Till To: Refocus, LLC The document was recorded in the United States Patent and Trademark Office at Reel 012765 , Frame 0028 , or for which a copy thereof is attached.
2. From: Refocus, LLCTo: Newlens, LLC
The document was recorded in the United States Patent and Trademark Office at Reel <u>015003</u> , Frame <u>0403</u> , or for which a copy thereof is attached.
3. From:
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
Additional documents in the chain of title are listed on a supplemental sheet.
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
[NOTE: A separate copy (<i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. <u>See MPEP 302.08</u>]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
Signature Date
Printed or Typed Name Telephone Number
Authorized Practitioner Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.